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PURPOSE:

The purpose of this directive is to guide the care of any person residing in a regional facility who has an exposure to blood, bloody body fluids or certain body fluids designated as infectious for blood borne pathogens by the Centers for Disease Control and Prevention (CDC). The CDC has designated the following body fluids as infectious for blood borne pathogens: blood, body fluids containing visible blood, semen, vaginal secretions, tissues, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. [Henceforth, referred to as blood or other potentially infectious materials (OPIM)]. The CDC does not consider the following as infectious unless they contain visible blood: feces, nasal secretions, sputum, sweat, tears, urine, or vomitus.

GENERAL:

Although the potential for Hepatitis B virus (HBV) and Hepatitis C virus (HCV) transmission is greater than that of Human Immunodeficiency Virus (HIV), the transmission of these viruses is similar. These viruses can potentially be transmitted in work sites and living areas through percutaneous inoculation, open wound, non-intact (e.g., chapped, abraded, weeping) skin or mucous membrane contact with blood, bloody body fluids or certain body fluids.

PROCEDURE:

I. TYPES OF EXPOSURE WHICH NEED FURTHER EVALUATION

- A. Percutaneous injury: Blood or OPIM from source person enters another person's skin by:
 - 1. Needlestick;
 - 2. Puncture/cut with a sharp instrument (e.g. razor, knife blade, etc.);

- 3. Deep scratch: Blood or OPIM must be present on the source person's hands or obviously under fingernails to enter opening in the other person's skin;
- 4. Bites that break the skin
- B. Mucous membrane exposure: Blood or OPIM from the source person is spit, splashed, splattered or wiped in the other person's eyes, nose or mouth.
- C. Wound contact: Blood or OPIM from the source person comes into contact with the recipient's skin which has a wound or abrasion less than 3 days old.
- D. Sexual intercourse

II. IMMEDIATE FIRST-AID

- A. The injury must immediately or as soon as possible be cleaned.
 - 1. Percutaneous injury: Wash the injury thoroughly with soap and water
 - 2. Mucous membrane exposure: flush exposed membrane with water for 15 minutes.
 - 3. Wound contact: wash exposed area thoroughly with soap and water
- B. An injury report must be completed and the incident reported to the unit nurse or the nursing supervisor.

III. DETERMINATION OF EXPOSURE TO A BLOODBORNE PATHOGEN

- A. Once the person has been evaluated by the nurse, the risk of exposure to a blood borne pathogen must be determined as outlined by the Guidelines for Blood Exposure Management at a Glance (Attachment A).

The nurse contacts the attending physician for follow-up using the most recent CDC Guidelines for Managing Occupational Exposures to Blood borne Pathogens (see attachments B, C, D, and E from policy 603-05-DD)

IV. COUNSELING AND FOLLOW UP

- A. A person exposed to HIV, HCV or HBV will be counseled by the appropriate healthcare personnel. The counseling will be conducted according to the person's level of understanding. The person's designated primary contact will be notified of the exposure.
- B. Follow-up testing of the exposed person for HIV will be performed at intervals according to CDC Protocols (usually 6 weeks, 3 months, 6 months, and 12 months) the source person will be tested as needed.

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To access the below attachments, please see the “Attachments to Directives” page of the agency’s website under this directive number.

Appendix A	Consent for HIV/HBV/HCV Testing
Appendix A-2:	Guidelines for Blood Exposure Management at a Glance
Appendix B:	Blood/Body Fluid Exposure & Testing Summary
Appendix C:	Management of Exposure to the Hepatitis B Virus
Appendix D:	Management of Exposure to the Hepatitis C Virus
Appendix E:	Management of Exposure to the HIV Virus
Appendix F:	Situations for which expert consultation for HIV post exposure prophylaxis is advised